

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

TREATMENT PLAN: INTENSIVE PSYCHIATRIC STABILIZATION UNIT (REVIEW)

Treatment Plan Reviewed on: 6/14/01 Treatment Plan Initiated on: 6/7/01
Institution: KCF Admitted to Unit on: 6/6/01

CURRENT STATUS:

Problem #1 Delusional Thoughts
Target Date for Resolution: 7/7/01
Status: Resolved ☐ No Change ☐ Modified ☒
Outcome/Modification: improved.
Staff Member(s) Responsible: Mitchell, Harrison, Bell, Frequency: daily
RNs, LPNs, COs.

Problem #2 Non-compliant medications
Target Date for Resolution: 7/7/01
Status: Resolved ☐ No Change ☐ Modified ☒
Outcome/Modification: improved
Staff Member(s) Responsible: Mitchell, Bell, Harrison, Frequency: daily
RNs, LPNs

Problem #3 Inappropriate sexual behavior
Target Date for Resolution: 7/7/01
Status: Resolved ☐ No Change ☐ Modified ☒
Outcome/Modification: improved.
Staff Member(s) Responsible: Mitchell, Harrison, COs Frequency: daily

Comments:

Plan if inmate not stabilized within 30 days of admission:

Second Page attached: Yes ☐ No ☒
Psychiatrist: [Signature] Psychologist: G. Rankin, Psy
Mental Health Nurse: D. McQuinn Activities Tech: W/A
Treatment Coordinator: D. Mitchell, M.S. Correctional Officer Present: Yes ☐ No ☐
Inmate Agreement: Richard W Wright, Jr. Date: 6/14/01
Next Treatment Plan Review to be Conducted by: _____ (within one week)

Inmate Name <u>Wright, Richard</u>	AIS # <u>187140</u>
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ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT 54

Treatment Plan Initiated on: 6/7/01 Treatment Coordinator: Anne-Marie Mitchell, M.S., MHP
Institution: KCF Admitted to RTU on: 10/16/01
Level Currently Assigned: 54

DSM IV Diagnosis:

Axis I: Schizoaffective Disorder

Axis II: PD

Axis III: None Current

Axis IV: Incarceration, noncompliance w/ medication

Axis V: GAF = 50

Problem #1	<u>Inmate expresses delusional thoughts.</u>
Goal:	<u>Inmate will be able to converse with staff for 30 minutes without expressing delusional beliefs.</u>
Target Date for Resolution:	<u>7/7/01</u>
Intervention(s):	<u>Medication per Dr. Bell; monitor compliance & reinforce improvement.</u>
Staff Member(s) Responsible:	<u>Mitchell, Bell, Harrison, Rankart, RNs, LPNs, CO's</u>
Frequency:	<u>Daily</u>

Problem #2	<u>Inmate is not compliant with medication.</u>
Goal:	<u>Inmate will demonstrate 90-100% medication compliance.</u>
Target Date for Resolution:	<u>7/7/01</u>
Intervention(s):	<u>Individual counseling focused on medication education & relapse prevention.</u>
Staff Member(s) Responsible:	<u>Mitchell, Bell, Harrison, Rankart, RNs, LPNs</u>
Frequency:	<u>Daily</u>

Problem #3	<u>Inmate engages in inappropriate sexual behavior.</u>
Goal:	<u>Inmate will not engage in any inappropriate sexual behavior.</u>
Target Date for Resolution:	<u>7/7/01</u>
Intervention(s):	<u>Individual counseling: values clarification, social skills training.</u>
Staff Member(s) Responsible:	<u>Mitchell, Harrison</u>
Frequency:	<u>Daily</u>

Second Page attached: Yes ☐ No ☒
Psychiatrist: [Signature] Treatment Coordinator: A. Mitchell, M.S., MHP
Mental Health Nurse: [Signature] Activities Tech: N/A
Correctional Officer Present: Yes ☒ No ☐ Psychologist: [Signature]
Inmate Agreement: Richard W. Wright Date: 6/7/01

Treatment Plan Review to be Conducted by: [Signature] (Level 1: weekly; Level 2: bi-weekly; Level 3 & 4: monthly)

Inmate Name	<u>Wright, Richard</u>	AIS #	<u>187140</u>
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[illegible]

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
7/13/01	S.	Pt seen on RTU. Says he is "maintaining," and agrees that he has been doing well lately. No concerns or complaints.	
	O.	Alert, oriented. Affect is constricted. Denies any depression sx. No overt distress.	
	A.	Axis I/II as above.	
	P.	Continue weekly monitoring.	
		A. Mitchell, M.S., MHP	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright, Richard	187140	33	B/m	KCF

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
7/6/01	5.	Pt seen on South Ward. He reports that he is feeling "a little bit" better since taking his shot. No complaints at this time.	
		O. Alert, oriented. Affect is still constricted but less so than it has been recently. Paranoia has also seemingly decreased. No significant distress observed.	
		A. Axis I: Schizoaffective Disorder	
		Axis II: PD	
		P. Continue weekly monitoring.	
		A. Mitchell, M.S., MHP	
7-6-01		Pt. participated in both rec & educational activity for the RS. 7-2-01 B. Everett Act. Tech	
7/13/01		Pt. complains that he does not feel well due to medication. Pt. participation fluctuates for the week.	
		7-9-01 thru 7-13-01 B. Everett Act. Tech.	

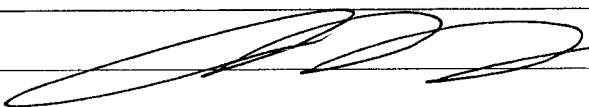
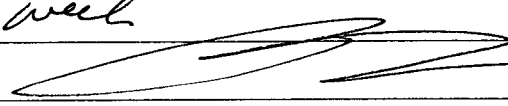
Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright, Richard	187140	33	B/M	KCF

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
6/22/05	5.	Pt seen on RTU where he was moved this week. He says he is doing well & has no complaints. O. Alert, oriented, cheerful. Getting along well on SW. No overt distress. A. Axis I: Schizoaffective S/P Axis II: PD P. Continue weekly monitoring. A. Mitchell, M.S.	
6/29/05	5.	Pt seen on RTU (SW.) He does not seem to be doing as well as the time for his shot approaches. He is again complaining about the necessity of taking meds. Will refer to Dr. Bell. C. Alert, guarded. Seems a little paranoid. Affect is blunted. Accusing others of witchcraft. A. Axis I/II as above. P. Continue to monitor. Refer to Dr. Bell for medication management. A. Mitchell, M.S.	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright, Richard	187140	33	B/M	KCF

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
21 June 01		Pt seen in Flu at cell on WHF unit. Pt reports he is doing well. Attent byt. No unusual behaviors, including excessive cleaning. Axis I: Schizophrenia Axis II: PD Continue care Move to SW. Flu = 1 week	
22 June 01		Pt seen in Flu on SW. Doing well. Attent byt. No unusual behav. Axis I/II: As above Continue care Flu = 1 week	
6/29/01		Pt. participated in rec. activities only. Not interested much in educational aspect. A. Reeder - Act. Tech.	
6-29-01		Pt has not participated in any educational nor recreational activities (6-25-28-01) w/ the exception of playing ping-pong on 6-29-01	


Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright, Richard	187140	33	B/M	KLF

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
6/12/01	S.	Pt seen on su (Mental Health). Pt states that he continues to do well & has no complaints.	
	O.	Alert, oriented. Denies SI/HI, A/V hallucinations. Affect is bright, smiling. Mood is reported to be "good." No overt distress.	
	A.	Axis I: Schizoaffective Disorder Axis II: PD	
	P.	Continue to monitor daily. Consider for passes to SW (RTU).	
		A. Mitchell, M.S., MHP	
6/19/01	S.	Pt is doing "very well" by his report, on su (MH). He has been doing well on passes to RTU. No complaints except that he has not yet received his property from receiving.	
	O.	Alert, oriented, smiling. Affect is bright and cheerful. No MH sx reported. No overt distress noted.	
	A.	Axis I/II as above.	
	P.	Continue to monitor daily.	
		A. Mitchell, M.S., MHP	

Patient's Name, (Last, First, Middle)	AMS#	Age	R/S	Facility
Wright, Richard	187140	33	B/M	KLF

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
6/12/01	5.	Pt states that he is doing well + has no complaints. He has been compliant w/ meds since arriving @ KCF. He has also been rather meticulous about keeping his cell clean; so far, it does not seem that this cleanliness is obsessive.	
		O. Alert & oriented. No behavior problems noted. Denies SI/HI & A/V hallucinations. No overt distress or evidence of delusions observed.	
		A. Axis I: Schizophrenic Disorder Axis II: PD	
		P. Continue to monitor daily.	
		A. Mitchell, M.S. 	

Patient's Name, (Last, First, Middle)	AMS#	Age	R/S	Facility
Wright, Richard	187140	33	B/M	KCF

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
11 June 01		<p>Pt seen in Flr at cell on P-1.</p> <p>Pt reports he is doing well.</p> <p>Attent lyft. Less confused. No unusual behavior. No mania or other psychotic signs.</p> <p>Axis I: Schizophrenia</p> <p>Axis II: PD</p> <p>① Continue care</p> <p>② ↑ status & move to SW ADP</p> <p>③ Flr ≤ 1 week.</p>	
12 June 01		<p>Pt seen in Flr of cell on M.H.</p> <p>Pt reports he is doing well.</p> <p>Attent lyft. Anxious.</p> <p>Axis I/II: As above</p> <p>① Continue care</p> <p>② Flr ≤ 1 week.</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright, Richard	187140	33	B/M	KLF

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
6/7/01	S.	Inmate Wright was seen individually at his cell on su (P-1). He reports that he is doing well except for a rash on his penis. (He was referred to an MD). Otherwise he has no complaints.	
	O.	Alert and appears oriented. Talkative and polite. Denies hearing voices, SI, HI. No overt distress. Affect and mood are WNL.	
	A.	Axis I - Schizoaffective D/O II - PD NOS	
	P.	Continue to monitor daily. Consider moving to MH and eventually to South Hard (RTU).	
		A. Mitchell, M.S., MHP	


Patient's Name, (Last, First, Middle)	AMS#	Age	R/S	Facility
Wright, Richard	187140	33	B/M	KCF

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
7 June 01		<p>Pt seen at cell on P-1 where pt transferred to yesterday from Bunker at Long Detention. Pt now says he will take all prescribed medication and reports he is "ok."</p> <p>Affect bright. Mood mostly euphoric. No insight.</p> <p>Axis I: Schizophrenia, Paranoid</p> <p>Axis II: PD</p> <p>① Continue care</p> <p>② Flu ≤ 1 week</p>	
8 June 01		<p>Pt seen in Flu at cell on P-1. Pt reports he is well but feels "a little confused"</p> <p>Affect bright. Mood not any longer euphoric. Pt quiet.</p> <p>Axis I/II: As above</p> <p>Continue care</p> <p>move to SW in MH</p> <p>Flu ≤ 1 week.</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright, Richard	187140	33	B/M	KLF

Ms. Willis

I would like to talk to you
about a few mind bothering
thoughts. Miss Gordon call me
to talk to her Friday but I
really did not tell her anything.
~~Thanks~~ For your time add with
LOVE. 

Mr. Richard Wayne Wright Sr.
A.I.S# 187140
Bed 1 Dorm 8

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION

Referred by:

☒ Admission to Institution ☐ Mental Health Staff ☐ Medical Staff ☐ Other _____

Reason for Referral (Presenting Problem):

Pt removed from Dropier because of
bizarre behavior and refusal to take
anti-psychotic medication.

Psychiatric History (inpatient/outpatient/dates of treatment/medications prescribed):

Pt has ~~no known~~ no known mental health history
but presented to mental at Dropier with complaints
by officers that he was masturbating, pouring
water on himself, and "preaching the word." Pt
admits to this & has no insight into its bizarreness.
Collateral information indicates pt's crime of assault
and attempted murder may have been related
to delusional behavior.

Pertinent Medical History (allergies):

None known

Substance Abuse History:

None known

Pertinent Personal/Family History (inmate's sentence):

Unknown

Institutional Adjustment (current placement):

Poor because of psychotic disorder

Inmate Name

Wright, Richard

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AIS #

187140

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC EVALUATION

Mental Status Examination:

Appearance and Behavior:

Mood and Affect:

Speech and Language:

Thought Process:

Thought Content and Perceptions:

Cognitive Assessment/Memory:

Insight/Judgement:

Sleep/Appetite:

appropriate dressed & groomed
mood euphoric; affect bright
hyperverbal
ego-dominant delusions; hyperreligion
wml
poor insight / poor judgment
wml

Suicide/Violence Risk Assessment:

Past Suicidal Ideation/Attempts (dates and methods):

Current Suicidal Ideation and Behavior:

Past Violent/Assaultive Behavior:

Current Violent/Assaultive Ideas/Behavior:

None known

" "
H/O assault
Crime attempted
murder

Diagnostic Impression

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Schizophrenia
DD
None known
None
GAF 25/65

Treatment Recommendations (including medications/labs ordered/special housing)

- ① Prolixin - Dec 25mg IM q 2 weeks
 - ② Cogentin 2mg PO BID
- Involuntary admission if not
well from health

Mental Health Code:

Psychiatric Follow-Up Required Within:

Days

HARM

HIST

NONE

Psychiatrist Signature

Date

7 June 07

Inmate Name

Wright, Richard

AIS #

187140

MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

Institution: KCF ☐ RTU ☐ SU Date/Time of Admission: 2.5.02 - 10
 Inmate Name: WEIGHT, RICHARD AIS#: 187140 DOB: 8.15.67

Vital Signs
 BP 150/90 P 72 R 20 HT 5' 11" WT 208 lbs Allergies: N/A

Past Medical History
☐ Diabetes ☐ Heart Disease ☐ Kidney Disease ☒ Hypertension ☐ Cancer ☐ TB
☐ Seizures ☐ Peptic Ulcer ☐ Back Problems ☐ Liver Disease ☐ Stroke
☐ COPD ☐ Congenital D/O ☐ Peripheral Vascular Disease ☐ Other

Assistive Devices
☐ Walker ☐ Crutches ☐ Cane ☐ Wheelchair ☐ Artificial Limb(s)
☐ Glasses ☐ Hearing Aid ☐ Partial Dentures ☐ Upper Dentures ☐ Lower Dentures
☐ Other:

Major Illnesses / Accidents / Surgeries / etc. NONE

Current Medical Problems: NONE

Current Medications / Dosages: states he was taken off Prolixin

Medication Compliance: ☐ 100% ☐ 50% to 90% ☐ 10% to 40% ☐ 0%

Sleep Pattern: ☐ Insomnia ☒ Difficulty Falling Asleep ☐ Difficulty Waking Up ☐ Other:

Tobacco/Amount: 0 Caffeine/Amount: (10) 2 cups/day

Hygiene: ☐ Good ☒ Fair ☐ Poor Showers 2 times a week

Appetite: ☒ Good ☐ Fair ☐ Poor ☐ Appears Adequately Nourished ☐ Deficit

History of Failure to Eat / Hunger Strikes: ☐ No ☐ Yes Last Episode (explain):

PSYCHIATRIC HISTORY

Symptoms of First Psychiatric Event / Age of Onset: denies - states he's perfectly sane

Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:

Side-Effects Experienced / Causative Medications:
Prolixin - states causing him to have a night mare

History of Aggression / Acting Out Behavior: ☐ Yes ☒ No
 Last Episode (explain):

ALABAMA DEPARTMENT OF CORRECTIONS
 MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

Educational Assessment

Highest Grade Completed: 12th grade ☒ Regular Classes ☐ Special Education
☒ Able to Read ☒ Able to Write ☐ Able to Communicate ☐ Able to Understand Current Diagnosis
☐ Unable to Read ☐ Unable to Write ☐ Unable to Communicate ☐ Unable to Understand Current Diagnosis

Mental Status

Age: ☒ Appears Stated Age ☐ Appears Younger ☐ Appears Older
 Dress/Grooming: ☐ Appropriate ☐ Marginal ☐ Disheveled ☐ Bizarre
 Posture: ☒ Unremarkable ☐ Rigid ☐ Stooped
 Facial: ☐ Unremarkable ☐ Hostile ☐ Worried ☐ Tearful ☐ Sad
 Eyes: ☐ Unremarkable ☐ Glances Furtively ☐ Stares ☐ Poor Eye Contact
 Motor Activity: ☐ Increased ☐ Decreased ☐ Gait Unsteady ☐ Gait Rigid ☐ Gait Slow
☐ Agitation ☐ Tremors ☐ Tics
 General Attitude/Behavior: ☒ Spontaneous ☐ Preoccupied ☐ Suspicious ☐ Argumentative
☐ Self-Destructive ☐ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile
 Mood / Affect: ☐ Flat ☐ Depressed ☐ Euphoric ☐ Apathetic ☐ Fearful ☐ Labile
☐ Blunt ☐ Inappropriate ☐ Constricted
 Speech / Communication: ☒ Normal ☐ Aphasia ☐ Slurred ☐ Rapid ☐ Mute
☐ Flight of Ideas ☐ Confabulation ☐ Muttering ☐ Tangential ☐ Loose Associations ☐ Over Productive
 Thought Content: ☐ Suicidal Thoughts/Plans ☐ Homicidal Thoughts/Plan ☐ Antisocial Attitudes
☐ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Bizarre ☐ Self-Pity
☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☐ Obsessive ☐ Blames Others ☐ Suspiciousness
☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ No Deficit Identified
 Abstract Thinking: ☒ Unimpaired ☐ Concrete
 Delusions: ☐ None ☐ Persecution ☐ Systematized ☐ Somatic ☐ Other _____
 Hallucinations: ☐ None ☒ Auditory ☐ Visual ☐ Olfactory ☐ Tactile
 Memory: ☐ Grossly Intact ☐ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory
 Insight / Judgment: ☐ Unimpaired ☒ Poor Judgment ☒ Poor Insight
☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treatment

Assessment Completed by: _____ Date: _____

☐ ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES

Page 2 of 2

Inmate Name	WRIGHT, RICHARD	AIS #	187140
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DEPARTMENT OF CORRECTION

Nursing Observations

Check only those which apply)

Date		2/22/02	23	24	25	26	27	2/28			
Shift		D	E	N	D	E	N	D	E	N	
C O N D I T I O N	ambulant	✓						✓	✓		
	with assistance										
	up in chair										
	bed rest							✓	✓		
	good	✓								✓	
	fair										
	unchanged										
	depressed										
	irritable										
	confused										
	serious										
	uncooperative										
	side rails										
	up										
down							✓	✓		✓	
SLEEP	good	✓									
	restless							✓	✓		✓
APPE- RITE	good (80-100%)	✓									
	fair (30-80%)										
	poor (0-30%)										
	refused							✓	✓		✓
D I E T	regular	✓									
	diabetic										
	liquid										
	dialysis										
M E D's	taken as ordered	✓									
	refused							✓	✓		✓
	absent from pill call										
S K I N	rash										
	edema										
	warm & dry	✓						✓	✓		✓
BATH	self	✓									
	assist										
ELIMI- NATION	foley							B	B		B
	incontinence	B						R	R		R
	urine	P						P	P		P
	feces	P									
NAME (LAST, FIRST, MIDDLE)		D.O.B.			AGE	R/S	AIS NUMBER		INST		
WRIGHT, RICHARD		8/15/67			34	B/M	187140		KCF		

Nursing Observations		Date 7/22/02				23				24				25				26				27				28			
(check only those which apply)		Shift				D E N				D E N				D E N				D E N				D E N				D E N			
V/S	temperature																												
	pulse																												
	respiration																												
	blood pressure																												
IN TAKE	weight																												
	days																												
	evening																												
	nights																												
O U T P U T	24hr total																												
	days																												
	evening																												
	nights																												
O T H E R	24hr total																												
	days																												
	evening																												
	nights																												
MD visited																													
nurses initials																													
Nurses signature																													

WEEKLY SUMMARY

Days _____

Evening _____

Nights _____

DEPARTMENT OF CORRECTION

Nursing Observations

Check only those which apply)

		Date	14			15			16			17			18			19			20		
		Shift	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N			
C O N D I T I O N	ambulant				✓	✓			✓	✓	✓				✓	✓	✓				✓		
	with assistance																						
	up in chair																						
	bed rest																						
	good				✓	✓			✓	✓	✓				✓	✓	✓				✓		
	fair																						
	unchanged																						
	depressed																						
	irritable																						
	confused																						
	serious																						
	uncooperative																						
	side rails																						
up																							
down																							
SLEEP	good				✓	✓			✓	✓	✓				✓	✓	✓				✓		
	restless				✓	✓			✓	✓	✓				✓	✓	✓				✓		
APPE- RITE	good (80-100%)				✓	✓			✓	✓	✓				✓	✓	✓				✓		
	fair (30-80%)																						
	poor (0-30%)																						
	refused				✓	✓			✓	✓	✓				✓	✓	✓				✓		
D I E T	regular				✓	✓			✓	✓	✓				✓	✓	✓				✓		
	diabetic																						
	liquid																						
	dialysis																						
M E D's	taken as ordered								✓	✓					✓	✓					✓		
	refused																						
S K I N	absent from pill call																						
	rash																						
	edema																						
	warm & dry				✓	✓			✓	✓	✓				✓	✓	✓				✓		
BATH	self																						
	assist																						
ELIMI- NATION	foley				B	B			B	B	B				B	B	B				B		
	incontinence				B	B			B	B	B				B	B	B				B		
	urine				R	R			R	R	R				R	R	R				R		
	feces				P	P			P	P	P				P	P	P				P		
NAME (LAST, FIRST, MIDDLE)		D.O.B.		AGE		R/S		AIS NUMBER		INST													
Knight, Richard		8-15-67				Bm		187140		KCF													

Nursing Observations

(check only those
which apply)

		Date 2-14-02				2-15-02				16				17				18				19				20	
Shift		D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	D	E				
VS	temperature																										
	pulse																										
	respiration																										
	blood pressure																										
	weight																										
IN T A K E	days																										
	evening																										
	nights																										
	24hr total																										
O U T P U T	days																										
	evening																										
	nights																										
	24hr total																										
O T H E R	days																										
	evening																										
	nights																										
	24hr total																										
MD visited																											
nurses initials																											
Nurses signature																											
WEEKLY SUMMARY																											

Days

Evening

Nights

PATIENT ASSESSMENT

DEPARTMENT OF CORRECTIONS

2/02

Observations

Check only those
which apply)

	Date Shift	5			6			10			11			12			13			14			
		D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	
C O N D I T I O N	ambulant	✓			✓			✓			✓					✓	✓						
	with assistance																						
	up in chair																						
	bed rest															✓							
	good															✓							
	fair	✓				✓			✓														
	unchanged																						
	depressed																						
	irritable																						
	confused	✓																					
	serious																						
	uncooperative																						
	side rails	✓				✓			✓														
	up	✓				✓			✓														
	down								✓							✓	✓						
SLEEP	good	✓																					
	restless					✓										✓							
APPE- TITE	good (80-100%)																						
	fair (30-80%)																						
	poor (0-30%)																						
	refused															✓	✓						
D I E T	regular	✓				✓			✓														
	diabetic																						
	liquid																						
	dialysis																						
M E	taken as ordered					✓			✓														
	refused																						
D's	absent from pill call																						
S K I N	rash																						
	edema															✓	✓						
	warm & dry	✓				✓			✓														
BATH	self								✓														
	assist																						
ELIMI- NATION	foley																						
	incontinence	B				B			B							B	B						
	urine	P				P			P							P	P						
	feces	P				P			P														
NAME (LAST, FIRST, MIDDLE)		D.O.B.			AGE			R/S			AIS NUMBER			INST									
Uright, Richard		8/15/67			34			B/M			187140			KCF									

Nursing Observations(check only those
which apply)

		Date	5			6			10			11			12			13		
Shift			D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
VS	temperature	97.9																		
	pulse	72																		
	respiration	20																		
	blood pressure	157/100																		
	weight	208 lbs																		
N T A K E	days	qs						qs			qs									
	evening	qs						qs			qs							qs		
	nights							qs			qs									
	24hr total																qs			
O U T P U T	days	qs						qs			qs									
	evening							qs			qs							qs		
	nights																			
	24hr total																qs			
O T H E R																				
MD visited																				
nurses initials		JS				JS			JS											
Nurses signature		J. J. J. J.				J. J. J. J.			J. J. J. J.									J. J. J. J.		
WEEKLY SUMMARY																				

Days

Evening

Nights

HEALTH CARE UNIT

PATIENT INFORMATION SLIP

Kilby

INSTITUTION

A #013

Wright, Richard

NAME

NUMBER

R/S

187/40 B/m

Lay-in for

days from

(date)

due to

(date)

Instructions:

Please place pt in

MH # 008. pt may have

matress, blanket, clothes, all

personal belongings and

regular towel trays

Failure to follow the above may result in a disciplinary

Ms. Biven - Tuttle

INMATE REQUEST SLIP

Name Richard Wayne Wright Quarters 20-7 Date 4-15-04
 AIS # 187140

() Telephone Call () Custody Change ☒ Personal Problem
 () Special Visit () Time Sheet ☒ Other

Briefly Outline Your Request - Then Drop In Mail Box

I talk with you monday about the
 mental Health status I am place in
 after I wrote the request slip to
 Captain Nettles. You told me it
 I did not hear from you by
 Wednesday 4-14-04 so send you
 a request slip

Sincerely,
 Richard W. Wright

Do Not Write Below This Line - For Reply Only

Approved Denied Pay Phone Collect Call

Request Directed To: (Check One)

() Warden

() Deputy Warden

() Captain

INMATE REQUEST SLIP

Name Richard Wright Quarters 20-7 Date 4-10-04
 AIS # 187140

☐ Telephone Call ☐ Custody Change ☐ Personal Problem
☐ Special Visit ☐ Time Sheet ☐ Other

Briefly Outline Your Request - Then Drop In Mail Box

Captain Nettles I though this situation
 with the Mental Health issue was
 over. ~~But~~ately my classification
 Specialist brought it up again
 saying that whats permitting
 me to transfer, I wonder is
 there something you can do to
 get this matter resolve.

Do Not Write Below This Line - For Reply Only

RECEIVED APR 12 2004 ABJ Ward Delaware

by Capt. Nettles Johnell

COMPLETED APR 12 2004

ABJ-1

Approved Denied Pay Phone Collect Call

Request Directed To: (Check One)

☐ Warden ☐ Deputy Warden ☐ Captain
☐ Classification Supervisor ☐ Legal Officer - Notary ☐ Record Office

NaphCare

INMATE FOOD SERVICE WORKER CLEARANCE

MEDICAL RECORD REVIEW:

Past history of hepatitis:

TB test current:

TB test negative:

! Yes	! <u>No</u>
<u>Yes</u>	! No
<u>Yes</u>	! No

If history of positive TB test, verified completed treatment:

____ (Date)

PHYSICAL ASSESSMENT:

Open sores or rashes on hands, arms, face and neck:

Has diarrhea:

Has a cough:

Lungs clear to auscultation:

Signs and symptoms of other contagious diseases:

! Yes	! <u>No</u>
! Yes	! <u>No</u>
! Yes	! <u>No</u>
<u>Yes</u>	! No
! Yes	! <u>No</u>

Specify: Nose bleed when he gets hot

This inmate's Medical Record has been reviewed and he/she has been examined:

! He/she IS medically cleared for duty as a food service worker.

! He/she IS NOT medically cleared for duty as a food service worker.

Gloria Rogers

Signature

10/17/03

Date

NAME:

Wright, Richard

ID#/DOB:

8/15/67-187140

LOCATION:

19-5

HEALTH EDUCATION
FOOD SERVICE WORKER GUIDELINES

HAIRNETS

1. Put hairnet on before washing hands.
2. Be sure to include all hair, especially bangs on the front of the head.
3. Do not touch hair or hairnet when handling food.

HANDWASHING

1. Turn warm water on.
2. Wet hands.
3. Lather hands with soap. Scrub at least 30 seconds.
4. Rinse off bar of soap. Replace in soap dish.
5. Rinse hands.
6. Dry hands with paper towels.
7. Turn faucet off with paper towels.

SICKNESS

Tell kitchen officer if you feel ill, or if you have diarrhea or a rash.

I have received education on handwashing and personal hygiene, and I understand the need for both, especially when handling food on kitchen detail.

Richard W. Wright
Inmate Signature

10/17/03
Date

Gloria Rogers
Nurse Signature

10/17/03
Date

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

Bullet

INSTITUTION

Wright Richard

NAME

B/M
NUMBER

18740
R/S

Lay-in for _____ days from _____

(date)

due to

(date)

Instructions:

Hc Cream x 20 days Kop

6-10-03 — 6-30-03

Failure to follow the directions above may result in a disciplinary.

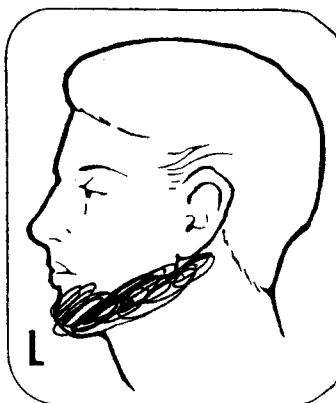
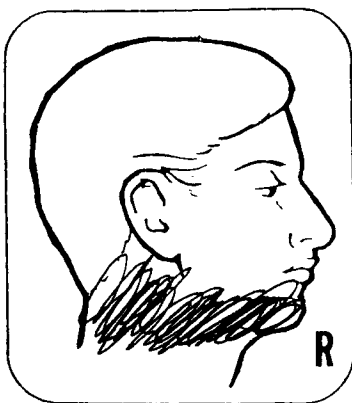
6-10-03 M. Qu...

DEPARTMENT OF CORRECTIONS

SHAVE PROFILE AUTHORIZATION

DATE: 6/10/03 ORIGINATING INSTITUTION/WORK RELEASE CENTER BullockREASON FOR PROFILE Esya LashTREATMENT: Shaving profile x 60 days

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 8/10/03.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐ Warden _____/_____/_____
DATE

☐ Inmate _____/_____/_____
DATE

M Jackson
NURSE'S SIGNATURE
(Distributed By)

Dr Siddig / M Jackson
PHYSICIAN'S SIGNATURE
(Authorization)

FULL NAME (Last, First, Middle)	Date-of-Birth	Age	R/S	AIS #
<u>Wright, Richard</u>	<u>8-15-67</u>	<u>35</u>	<u>B/M</u>	<u>187140</u>

ORIGINAL - Blue Medical Jacket
YELLOW - Inmate

PINK - Warden

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

Bullock

INSTITUTION

Wright Richard 187146 BM
NAME NUMBER R/S

in for days from to

(date)

due to

(date)

HC Cream x 20 days.

04/02/03 -> 04/22/03

uctions:

Apply small amount

of cream to affected areas

of the body twice a day
x 20 days.

Failure to follow the directions above may result in a disciplinary.

DEPARTMENT OF CORRECTIONS

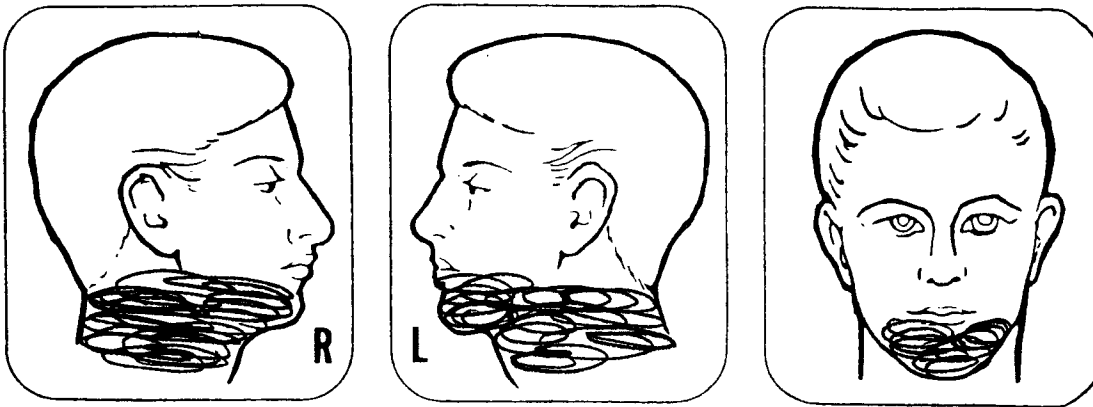
SHAVE PROFILE AUTHORIZATION

DATE: 04/02/03 ORIGINATING INSTITUTION/WORK RELEASE CENTER Bullock

REASON FOR PROFILE Razor Bumps

TREATMENT: Shaving Profile x 60 days.

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 06/02/03.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐ Warden _____ / _____ / _____
DATE
☒ Inmate 04/02/03
DATE

V. Smith CN
NURSE'S SIGNATURE
(Distributed By)

Dr. Todd Smith CN
PHYSICIAN'S SIGNATURE
(Authorization)

FULL NAME (Last, First, Middle) <u>Wright Richard</u>	Date of Birth <u>8/15/67</u>	Age <u>34</u>	R/S <u>BM</u>	AIS # <u>187140</u>
--	---------------------------------	------------------	------------------	------------------------

ORIGINAL - Blue Medical Jacket
YELLOW - Inmate

PINK - Warden

HEALTH CARE UNIT
PATIENT INFORMATION SLIPBullock

INSTITUTION

Wright Richard

NAME

187140

NUMBER

187140

R/S

Lay-in for _____

days from _____

(date)

to _____

due to _____

(date)

H/C Creams X today
K.O.P. Stop 2/20/03

Instructions:

Failure to follow the directions above may result in a disciplinary.

No Child Abuse

DEPARTMENT OF CORRECTIONS

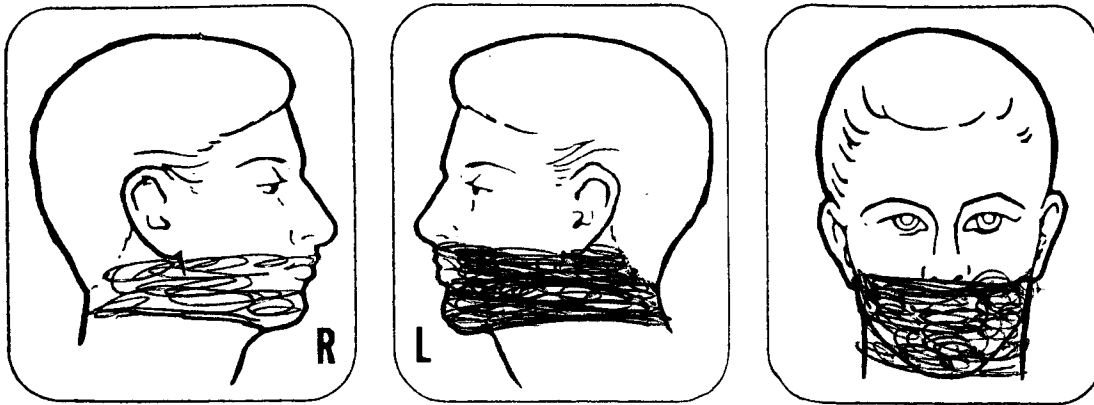
SHAVE PROFILE AUTHORIZATION

DATE: 01/31/03 ORIGINATING INSTITUTION/WORK RELEASE CENTER Bullock

REASON FOR PROFILE lash

TREATMENT: Shaving Profile x 60 days

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 03/31/03.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐ Warden 01/31/03
DATE

☐ Inmate 01/31/03
DATE

[Signature]
NURSE'S SIGNATURE
(Distributed By)

[Signature]
PHYSICIAN'S SIGNATURE
(Authorization)

FULL NAME (Last, First, Middle)	Date of Birth	Age	R/S	AIS #
<u>Wright Richard</u>	<u>03/15/67</u>		<u>1</u>	<u>187140</u>

ORIGINAL - Blue Medical Jacket
YELLOW - Inmate

PINK - Warden

Release of Responsibility

Wright Richard
Name of Inmate

11-19-02
Date

187140
Inmate ID Number/Date of Birth

I hereby refuse to accept the following treatment / recommendations:

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.

Wright Richard
Inmate Signature

Joseph Fitzpatrick
Witness

Date / Time

The aforementioned inmate has refused the listed medical treatment(s)/recommendation(s) and has refused to sign this form.

Witness

Date / Time

Witness

*Refused with call
11/19/02
J. Brown*

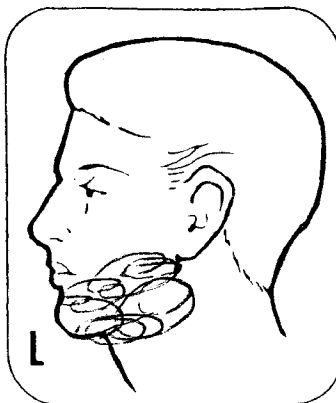
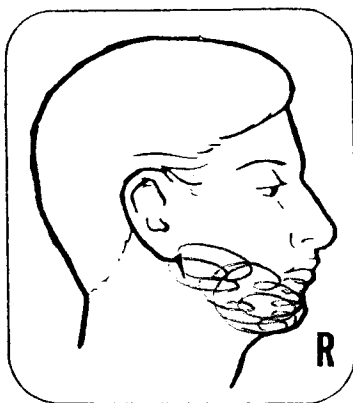
Release of Responsibility

DEPARTMENT OF CORRECTIONS

SHAVE PROFILE AUTHORIZATION

DATE: 11/20/02 ORIGINATING INSTITUTION/WORK RELEASE CENTER BullockREASON FOR
PROFILE Rash to faceTREATMENT: Clipper shave x 60 days

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 1/20/03.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐

Warden _____

DATE

☒
Inmate 11 / 20 / 02

DATE

[Signature]
NURSE'S SIGNATURE
(Distributed By)

[Signature]
PHYSICIAN'S SIGNATURE
(Authorization)

FULL NAME (Last, First, Middle) <u>Wright, Richard</u>	Date-of-Birth <u>8-15-67</u>	Age <u>35</u>	R/S <u>RM</u>	AIS # <u>187140</u>
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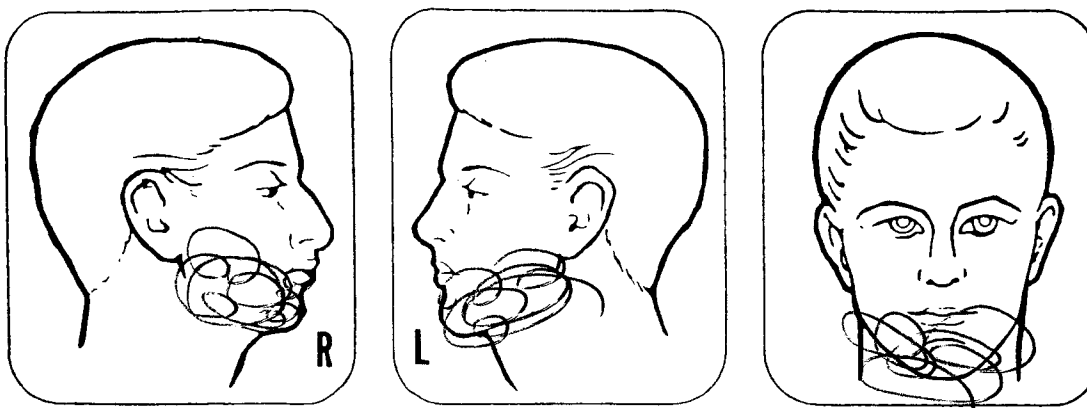
ORIGINAL - Blue Medical Jacket
YELLOW - Inmate

PINK - Warden

DEPARTMENT OF CORRECTIONS **SHAVE PROFILE AUTHORIZATION**

DATE: 9/20/02 ORIGINATING INSTITUTION/WORK RELEASE CENTER BulleckREASON FOR PROFILE Rash to faceTREATMENT: Shaving profile x 60 days

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 11/20/02.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐ Warden _____/_____/_____
DATE

☒ Inmate 9/20/02
DATE

C. Chosen
NURSE'S SIGNATURE
(Distributed By)

D. Simpat Johnson
PHYSICIAN'S SIGNATURE
(Authorization)

FULL NAME (Last, First, Middle)	Date of Birth	Age	R/S	AIS #
<u>Wright, Richard</u>	<u>2/15/67</u>	<u>35</u>	<u>BM</u>	<u>137140</u>

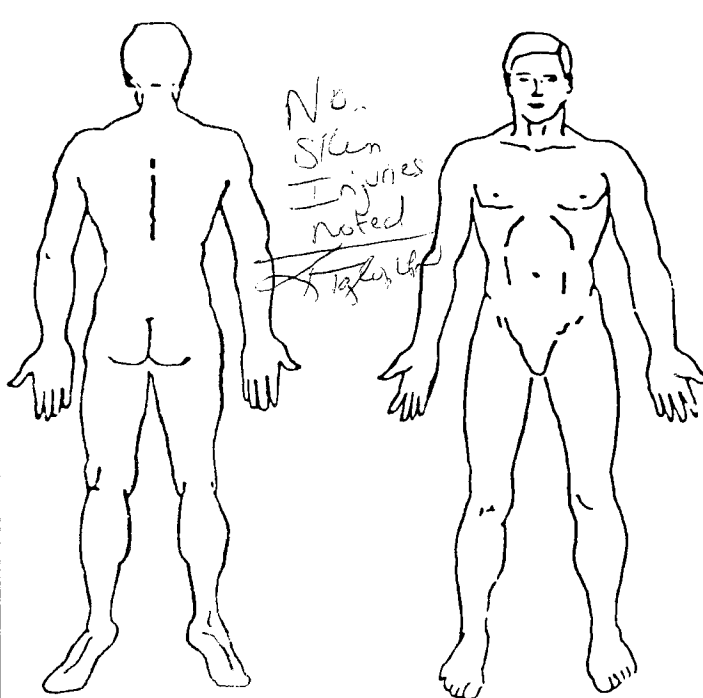
ORIGINAL - Blue Medical Jacket
YELLOW - Inmate

PINK - Warden

DEPARTMENT OF CORRECTIONS

EMERGENCY/ Non-schedule TREATMENT RECORD

(OTHER)

DATE <u>8-15-02</u>		TIME <u>1630</u> <u>AM</u> <u>PM</u>		FACILITY <u>Buck</u>		<input type="checkbox"/> EMERGENCY	
				<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> OTHER	
ALLERGIES <u>N/A</u>				CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>97.8</u> <u>ORAL</u> <u>RECTAL</u>				RESP. <u>20</u>		PULSE <u>80</u> B/P <u>140/92</u>	
				RECHECK IF SYSTOLIC <u>< 100 > 50</u>			
NATURE OF INJURY OR ILLNESS <u>S - Non-verbalized</u>				ABRASION///		CONTUSION #	
				BURN ^{xx} _{xx}		FRACTURE ^Z _Z	
				LACERATION/ SUTURES			
PHYSICAL EXAMINATION <u>Q - Bm ambulatory to ICU,</u> <u>Alert, oriented x3, Resp. reg,</u> <u>and even. Skin W+D to touch.</u> <u>Complains of back pain, leg</u> <u>pains. No skin injuries noted.</u> <u>Absence of swelling, bruising</u> <u>or cuts.</u>							
ORDERS, MEDICATION, etc.							
<u>A - Routine Body Chart for DOC</u>							
<u>P - ① Release to DOC</u>							
<u>② X-ray (L) knee</u>							
DIAGNOSIS							
INSTRUCTIONS TO PATIENT <u>RTN to ICU per</u>							
RELEASE/TRANSFER DATE <u>8/15/02</u>		TIME <u>1639</u> <u>AM</u> <u>PM</u>		RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>[Signature]</u>		DATE <u>8/15/02</u>		PHYSICIAN'S SIGNATURE <u>[Signature]</u>		DATE <u>8/15/02</u>	
						CONSULTATION	
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Wright, Richard</u>				AGE <u>35</u>		DATE OF BIRTH <u>8/15/67</u>	
				R/S <u>ISA</u>		AIS # <u>187140</u>	

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
NOTICE OF INVOLUNTARY MEDICATION HEARING

To: Inmate Richard Wright AIS#: 187140
Date: 8/20/02 Institution: BCCF
From: De Hammer
Involuntary Medication Review Committee Chair

You are hereby notified that on 8/21/02 at 1 pm
an Involuntary Medication Hearing will be held to determine whether or not you may
be administered psychotropic medication against your will.

The hearing is being conducted because you have been diagnosed with a serious
mental illness and you are considered to be at risk for:

- ☐ Serious harm to yourself
- ☒ Serious harm to others
- ☐ Serious property damage
- ☒ Being unable to perform such life-sustaining functions as
eating and drinking.
- ☒ Serious deterioration in functioning

Medication has been offered to you but you have refused to accept it. The treatment
team is recommending that the following medication(s) be involuntarily administered:

Prolixin Dec
Artane
hi

In this process you have the following rights:

- To be present at the hearing
- To have assistance from a staff advisor to explain the purpose of the hearing
and to assist you in presenting objections to involuntary medication. The staff
advisor may not be someone involved in your current treatment
- To be unmedicated the day of the hearing
- To present alternatives to involuntary medication at the hearing
- To present information and call witnesses to the hearing
- To question staff who are supporting involuntary medication
- To have a copy of the Involuntary Medication Review Committee's written
decision
- To appeal the Involuntary Medication Review Committee decision, if the
decision authorizes involuntary medication
- To have a staff advisor assist in a appeal

You may not have an attorney present at the hearing.

I have been given a copy of the notice of the Notice of Involuntary Medication Hearing.

Refused to sign
Inmate Signature/Date

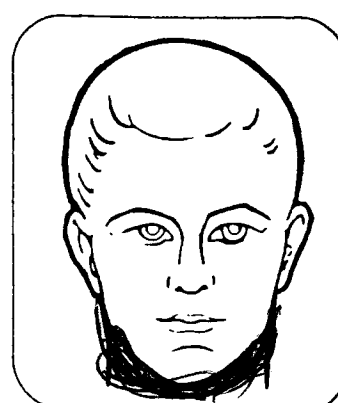
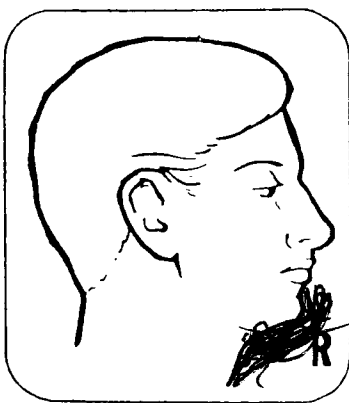
Harry Ruffin C#
Witness Signature/Date

DEPARTMENT OF CORRECTIONS

SHAVE PROFILE AUTHORIZATION

DATE: 06/19/02 ORIGINATING INSTITUTION/WORK RELEASE CENTER _____REASON FOR PROFILE Agon RoseTREATMENT: Shaving profile x 90 days06-19/2002 → 09/19/2002

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 09/19/2002.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐ Warden _____ / _____ / _____
DATE

☒ Inmate 06/19/2002
DATE

A R. Green
NURSE'S SIGNATURE
(Distributed By)

Dr. [Signature]
PHYSICIAN'S SIGNATURE
(Authorization)

FULL NAME (Last, First, Middle)	Date-of-Birth	Age	R/S	AIS #
<u>NIGHT, RICHARD J. W.</u>	<u>08/15/1962</u>	<u>34⁴ⁿ</u>	<u>B/M</u>	<u>187140</u>

ORIGINAL - Blue Medical Jacket
YELLOW - Inmate

PINK - Warden

Inmate Name Wright, Richard ID # 187140

Date/Time Initialed _____

Note: Time in 15 min. increments

Date	Time	Observer	Comments
6/13/02	1400	ym. Shomay	B- "Lam okay" D- "Write in side cell. No SIC" at dates noted time time A- stable P- will continue to monitor
6/13/02	1605	ym. Shomay	B- D- inmate released from MHA to RUC (belonging per MS from CRU).

Mental Health Observation Form

Inmate Name Wright Richard ID # 187140 Date/Time Initialed _____
 Note: Time in 15 min. increments

Date	Time	Observer	Comments
06/13/02	12am	Co. Lafortune, RN	S: None O: Inmate sleeping. Respirations regular & unlabored A: Stable P: Continue to monitor
	0200	Co. Lafortune, RN	S: none O: Continues to sleep soundly A: Stable P: Continue to monitor
	0400	Co. Lafortune, RN	S: none O: Awake for breakfast. Quiet, relaxed. Sitting on side of bed. N/C of any discomfort. No obvious distress. Appetite & fluid intake good S: I have a dull headache. O: Go dull headache in front of head. Tylenol 650mg po given. A: Stable P: Continue to monitor
6/13/02	0800	Mr. Thomas, LPA	S - None O - Standing at the door & head phone set on. No S/S of distress noted at this time. A - Stable P - Continue to monitor
6/13/02	1000	Mr. Thomas, LPA	S - "I'm Okay" O - Lying on bed & turned E. Head phone set on. No S/S of distress noted at this time. A - Stable P - Continue to monitor
6/13/02	1200	Mr. Thomas, LPA	S - None O - Sitting up on bed & head set on. No S/S of distress noted at this time. A - Stable P - Continue to monitor

Mental Health Observation Form